

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / 04 01 2015 through / / 04 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jill Boyett

Signature of Treasurer

Jill Boyett

[Electronically Filed]

Date

/ / 05 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 209321.69 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 228049.28 | |
| (c) Total Receipts (from Line 19) | 124579.35 | 246360.84 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 352628.63 | 455682.53 |
| 7. Total Disbursements (from Line 31) | 54572.27 | 157626.17 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 298056.36 | 298056.36 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 5 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 5 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 108420.01 | 206931.27 |
| (ii) Unitemized | 16159.34 | 39429.57 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 124579.35 | 246360.84 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 124579.35 | 246360.84 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 124579.35 | 246360.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 124579.35 | 246360.84 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 72.27 | 261.17 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 72.27 | 261.17 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 54500.00 | 157000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 365.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 365.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 54572.27 | 157626.17 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 54572.27 | 157626.17 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 124579.35 | 246360.84 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 365.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 124579.35 | 245995.84 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 72.27 | 261.17 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 72.27 | 261.17 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 87
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Aaberg Jr.

Mailing Address 2081 Hunters Run NE

City State Zip Code
 Ada MI 49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : 95C00EA3-A077-4E9D-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chad Anderson

Mailing Address 1811 W Royal Hunte Dr Ste 1

City State Zip Code
 Cedar City UT 84720-8174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : 4ED1D59D-50FA-4D38-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brad Anstadt

Mailing Address 675 W North Ave Ste 107

City State Zip Code
 Melrose Park IL 60160-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : B11C09F9-E01D-4EF8-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Emilio Arce-Lopez

Mailing Address 150 Ave De Diego Ste 502

City

San Juan

State

PR

Zip Code

00907-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 6627126C-7962-49D2-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michelle Atchison

Mailing Address 1717 University Dr S

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 42A8E338-C282-4C29-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Banach

Mailing Address 220 Grandview Ave Ste 200

City

Camp Hill

State

PA

Zip Code

17011-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : E2D2F1D3-55BE-461F-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gregg Barnett

Mailing Address 620 N Broad St
2nd Floor

City State Zip Code
Woodbury NJ 08096-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : 78A08BB7-1636-4ED6-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. George Bartley

Mailing Address 200 First Street SW

City State Zip Code
Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 9608FB9A-7575-4FA1-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Vineet Batra

Mailing Address 15051 Hesperian Blvd Ste A

City State Zip Code
San Leandro CA 94578-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 2A8E5846-1FA2-462D-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Walter Beebe

Mailing Address 10740 N Central Expy Ste 350

City State Zip Code
 Dallas TX 75231-2163

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : FF012729-32B3-4CAC-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Bessent

Mailing Address 1120 N Highway 190

City State Zip Code
 Covington LA 70433-5178

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : F54A7262-F462-43AB-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ramanath Bhandari

Mailing Address 4513 Turtle Bay

City State Zip Code
 Springfield IL 62711

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : E4D8F3CE-FD00-4FE5-9

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional)..... ►

1201.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Perry Binder

Mailing Address 2500 6th Ave Unit 307

City State Zip Code
 San Diego CA 92103-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 1DE0C625-BDE6-492C-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Bradley Black

Mailing Address 5220 Flanders Dr

City State Zip Code
 Baton Rouge LA 70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 5DC32464-8E82-4B0F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Christopher Blodi

Mailing Address 1501 50th St Ste 133

City State Zip Code
 West Des Moines IA 50266-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 389873B4-7B88-49A8-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Bogorad

Mailing Address 2509 Walton Way

City State Zip Code
 Augusta GA 30904-4561

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 9F9FEBAE-5926-4D78-A

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

B. David Bogorad

Mailing Address 2509 Walton Way

City State Zip Code
 Augusta GA 30904-4561

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : A10F8112-A0C5-4469-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. David Boyer

Mailing Address 1127 Wilshire Blvd Ste 1620

City State Zip Code
 Los Angeles CA 90017-4007

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : D8D9C67B-157D-40C6-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1165.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Ann Ann Bradford

Mailing Address 3501 Rena Dawn

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : FB65F6F4-7190-4432-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Brennan

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : A7A4E9B5-19AA-40FA-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Briceland

Mailing Address PO BOX 2960

City

Carefree

State

AZ

Zip Code

85377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : ACC40CC9-5CE4-418C-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Bridges Jr.

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.32

Date of Receipt

04 / 30 / 2015

Transaction ID : 75B63E88-53B5-42E1-9

Amount of Each Receipt this Period

111.08

Full Name (Last, First, Middle Initial)

B. Ronald Brown

Mailing Address 3000 Regency Crt Ste 100

City

Toledo

State

OH

Zip Code

43623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 05782F58-FD74-4779-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Linda Burk

Mailing Address 10740 N Central Expy Ste 120

City

Dallas

State

TX

Zip Code

75231-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 14 / 2015

Transaction ID : CA9CD3D3-0902-4735-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1476.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Cabin

Mailing Address 1555 Barrington Rd Ste 120

City State Zip Code
Hoffman Estates IL 60169-1062

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : FEDEC0CD-6B20-411B-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Cahill

Mailing Address 262 Neil Ave Ste 430

City State Zip Code
Columbus OH 43215-7312

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : CE9D5BCC-F113-478E-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ronald Case

Mailing Address 5525 Scott Lake Rd

City State Zip Code
Lakeland FL 33813-2892

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : 0580FF3A-145F-4C4D-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Paul Cheng

Mailing Address 100 Bradford Rd Ste 320

City

Wexford

State

PA

Zip Code

15090-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : A38D4D5E-EB0C-4D39-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

04 / 15 / 2015

Transaction ID : A1C7BF7C-1093-4F89-8

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

C. William Clifford

Mailing Address 310 E Walnut St Ste 101

City

Garden City

State

KS

Zip Code

67846-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 0E7F0408-2C51-43A5-B

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3416.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sander M. Zeskin Cohen

Mailing Address 509 S Lenola Rd Bldg 11

City

Moorestown

State

NJ

Zip Code

08057-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 08 / 2015

Transaction ID : F27BD051-4857-47D8-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Collet

Mailing Address 47 Westwood Ln

City

Woodbury

State

NY

Zip Code

11797-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 9D6CAD26-A7D4-48FB-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mary Louise Collins

Mailing Address 6569 N Charles St Ste 505

City

Baltimore

State

MD

Zip Code

21204-5809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 933FA498-9FD8-4011-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Coney

Mailing Address 2816 Veron Ln

City

Twinsburg

State

OH

Zip Code

44087-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2015

Transaction ID : 4707F4A9-3AAF-4B3E-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Geoffrey Cooper

Mailing Address 5875 Brema Rd Ste 606

City

Richmond

State

VA

Zip Code

23226-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 927C3025-C489-4942-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Zelia Correa

Mailing Address 260 Stetson St Ste 5300

City

Cincinnati

State

OH

Zip Code

45219-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 6EEEC76C-6C0F-4019-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Croley III

Mailing Address 613 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.70

Date of Receipt

04 / 15 / 2015

Transaction ID : 3EB5979E-9DDC-49E2-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Martha Damaske Snearly

Mailing Address 8055 Twin Oaks Drive

City

Broadview Heights

State

OH

Zip Code

44147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 5B73EFDB-4D35-429A-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Richard Davenport

Mailing Address 2424 S 90th St Ste 204

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.63

Date of Receipt

04 / 08 / 2015

Transaction ID : ADA89656-3752-4657-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

771.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip James James Deer

Mailing Address 4942 W Markham St

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 25 / 2015

Transaction ID : 38A2F4FD-369C-487B-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Dickey

Mailing Address 713 Washington Road

City

Pittsburgh

State

PA

Zip Code

15228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 8462661D-9E95-49A8-9

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

C. James Dickey

Mailing Address 713 Washington Road

City

Pittsburgh

State

PA

Zip Code

15228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 85AD1E8C-8961-4E22-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Elena Drudy

Mailing Address 1206 Route 72 W

City

Manahawkin

State

NJ

Zip Code

08050-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 2CA7C7FA-6485-43D6-9

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Jane Edmond

Mailing Address 6610 Auden St

City

Houston

State

TX

Zip Code

77005-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 9BC37F63-07D0-4D0F-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Elman

Mailing Address 9114 Philadelphia Rd Ste 310

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 3AE473D2-C480-48CF-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Geoffrey Emerson

Mailing Address 710 E 24th St Ste 304

City

Minneapolis

State

MN

Zip Code

55404-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 3D0F9F4B-C72E-4F07-A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Fred Evans

Mailing Address 1064 Stormy Terrace

City

Pensacola

State

FL

Zip Code

32503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 07415B6A-C0EE-4396-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stan Feil

Mailing Address 112 N Akers St Ste A

City

Visalia

State

CA

Zip Code

93291-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 500A8F75-5540-4495-9

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)..... ►

633.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Feilmeier

Mailing Address 545 S 205th St

City

Elkhorn

State

NE

Zip Code

68022-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : E3639CD2-B651-4C7B-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cristina Ferrari

Mailing Address PO Box 968

City

Aguadilla

State

PR

Zip Code

00605-0968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : D513EC91-5473-47BF-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 3A083CFE-46D9-4D32-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

1083.33

TOTAL This Period (last page this line number only)..... ►

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Finegan

Mailing Address 236 Roseberry St

City State Zip Code
 Phillipsburg NJ 08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : 59AD9D86-3576-4A95-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kevin Thomas Flaherty

Mailing Address 1206 highland Park Blvd

City State Zip Code
 Wausau WI 54403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 901BC572-C153-470C-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas Flynn

Mailing Address 35 Eastward Ln

City State Zip Code
 Ellsworth ME 04605-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : BB468AEE-A2D7-4E63-B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

883.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 87

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Forgach

Mailing Address 405 International Dr

City

Williamsville

State

NY

Zip Code

14221-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 33450568-B950-4D5F-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aaron Fortney

Mailing Address 3119 N 14th St

City

Bismarck

State

ND

Zip Code

58503-0664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2015

Transaction ID : 07D54943-1661-44D0-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tamara Fountain

Mailing Address 3619 Pebble Beach Rd

City

Northbrook

State

IL

Zip Code

60062-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 2CE361DD-93A7-45F4-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Martin Fox

Mailing Address 410 Lakeville Rd Ste 300

City State Zip Code
 New Hyde Park NY 11042-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : 13E18D47-5E7E-48A1-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Frank Garber

Mailing Address 2505 E Paris Ave SE Ste 100

City State Zip Code
 Grand Rapids MI 49546-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 83D9FB41-5BC2-45DD-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Loop

City State Zip Code
 Shreveport LA 71105-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : 7DBA665B-DED7-4B15-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David George

Mailing Address 418 Grand Park Dr Ste 315

City State Zip Code
 Parkersburg WV 26105-4000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : 919734F1-ACC0-49BC-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joann Giaconi

Mailing Address 100 Stein Plz

City State Zip Code
 Los Angeles CA 90095-7065

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : 673EADA3-C951-4F58-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sidney Gicheru

Mailing Address 440 W Lbj Fwy Ste 300

City State Zip Code
 Irving TX 75063-3841

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : A803907C-02FC-4FC4-B

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

958.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Gilbert

Mailing Address 12301 NE 10th Pl Ste 200

City State Zip Code
 Bellevue WA 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 2AEF8B50-D573-4DBA-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. David Glasser

Mailing Address 2307 Ridge Tree Ct

City State Zip Code
 Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : 12EE1D1F-63E1-4A97-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Louis Glazer

Mailing Address 2505 E Paris Ave SE Ste 100

City State Zip Code
 Grand Rapids MI 49546-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 9001EEEF-E047-4F05-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ravi Goel

Mailing Address 25 Parnell Drive

City State Zip Code
 Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 3B96D5A3-32AE-4085-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sanjay Goel

Mailing Address 5824 Wild Orange Gate

City State Zip Code
 Clarksville MD 21029-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 136F449B-0FD9-4A6B-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lynn Gordon

Mailing Address 100 Stein Plaza

City State Zip Code
 Los Angeles CA 90095-7065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : FDD9016A-E68C-4315-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 87

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Graham

Mailing Address 1911 N Mills Ave

City State Zip Code
Orlando FL 32803-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 0773B944-7CDF-429D-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Edward Graul

Mailing Address 251 Moosa Boulevard

City State Zip Code
Eunice LA 70535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 72D871C9-FE79-4F11-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Graul

Mailing Address 1710 S 70th St

City State Zip Code
Lincoln NE 68506-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 54387D2D-8809-4778-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Craig Greven

Mailing Address 1 Medical Center Blvd

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 27 / 2015

Transaction ID : 190AC62E-1913-4DA6-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Erich Groos

Mailing Address 2400 Patterson Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 506DF295-AB38-4D77-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher Gualtieri

Mailing Address 3969 4th Ave Ste 300

City

San Diego

State

CA

Zip Code

92103-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.68

Date of Receipt

04 / 28 / 2015

Transaction ID : ACD88D69-718A-41D0-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Vamsi Gullapalli

Mailing Address 2330 Troop Dr Unit 104

City State Zip Code
 Sartell MN 56377-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : EDBF9CBD-F360-4D21-A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Todd Gwin

Mailing Address 1330 Boiling Spgs Rd Ste 2400

City State Zip Code
 Spartanburg SC 29303-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : ECFD2830-1B3C-4510-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nadeem Haq

Mailing Address 3311 Unicorn Lake Blvd Ste 181

City State Zip Code
 Denton TX 76210-0102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 28 / 2015

Transaction ID : E1D8E921-6C47-4D4B-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

965.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Harocopos

Mailing Address 4464 Lindell Blvd, Apt 13

City State Zip Code
 St Louis MO 63108-2475

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2015

Transaction ID : C1C5BDC4-D74A-45DB-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Sohail Hasan

Mailing Address 10526 Wildflower Rd

City State Zip Code
 Orland Park IL 60462-7444

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 15 2015

Transaction ID : 65A14368-F4CB-4110-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City State Zip Code
 Lawton OK 73507-8923

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 14 2015

Transaction ID : 65DB8013-6AF2-4290-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City

Lawton

State

OK

Zip Code

73507-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 15 / 2015

Transaction ID : 9D937DDA-3F9F-4166-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jeffrey Henderer

Mailing Address 485 Hughes Rd

City

King Of Prussia

State

PA

Zip Code

19406-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2015

Transaction ID : 212F7362-B600-45BE-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Natasha Herz

Mailing Address 4701 Randolph Rd Ste G2

City

Rockville

State

MD

Zip Code

20852-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 16 / 2015

Transaction ID : AA842CFD-F50C-40A3-9

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

806.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dale Heuer

Mailing Address 1900 Norhardt Drive #313

City State Zip Code
 Brookfield WI 53045-5088

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : AFF21F54-5ECD-44C3-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Marc Hirsch

Mailing Address 10714 N San Marino Dr

City State Zip Code
 Mequon WI 53092-5964

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015

Transaction ID : FE0BF7A9-616D-495C-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Hodapp

Mailing Address 900 N.W. 17th St.

City State Zip Code
 Miami FL 33136

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : 8E522DB6-FC4A-408A-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Holds

Mailing Address 8025 Daytona Drive

City

Saint Louis

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 8A8793B9-A42A-420F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aaron Holtebeck

Mailing Address 200 S Water St Unit 108

City

Milwaukee

State

WI

Zip Code

53204-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2015

Transaction ID : D034C7D0-3222-4A9A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Aaron Holtebeck

Mailing Address 200 S Water St Unit 108

City

Milwaukee

State

WI

Zip Code

53204-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 9454B7BC-B404-4904-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Ingvaldstad

Mailing Address 1340 S 90th St

City

Omaha

State

NE

Zip Code

68124-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 1D09E10E-CD4D-432F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew Iwach

Mailing Address 55 Stevenson St

City

San Francisco

State

CA

Zip Code

94105-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : A1FF64E1-FF83-49B4-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Johnson

Mailing Address 8101 E Lowry Blvd Ste 210

City

Denver

State

CO

Zip Code

80230-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : A9F9D402-119E-453A-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Leslie Jones

Mailing Address 8477 Indian Paintbrush Way

City State Zip Code
Lorton VA 22079-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : D2512486-D398-4462-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Leslie Jones

Mailing Address 8477 Indian Paintbrush Way

City State Zip Code
Lorton VA 22079-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 74B5E738-B3F5-4865-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lawrence Kahn

Mailing Address 5881 E Sapphire Ln

City State Zip Code
Paradise Valley AZ 85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : 318F779B-4322-439A-A

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

483.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City State Zip Code
Louisville KY 40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 5611076B-7E26-4AA1-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City State Zip Code
Louisville KY 40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 3A301FFA-0E7F-441F-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Philip Kath

Mailing Address 335 East Parker Road

City State Zip Code
Morganton NC 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : C3ED13CE-87E5-4AE3-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Kato

Mailing Address 2020 Fleischmann Rd

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.68

Date of Receipt

04 / 15 / 2015

Transaction ID : F081999F-8473-4511-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Rahul Khurana

Mailing Address 485 Hospital Drive, Suite #200

City

Mountain View

State

CA

Zip Code

94040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : AEED9806-0116-44FD-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alan Kimura

Mailing Address 8101 E Lowry Blvd Suite 210

City

Denver

State

CO

Zip Code

80230-7193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2015

Transaction ID : CE83D1F8-E891-45AC-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Kirkham

Mailing Address 1462 Marion Waldo Rd

City State Zip Code
 Marion OH 43302-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015

Transaction ID : D8C5B66C-24A2-425A-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James Kiskaddon

Mailing Address 144 S 8th St

City State Zip Code
 Chambersburg PA 17201-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : A78BCE99-A32E-4EF6-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis Kontra

Mailing Address 5802 Washington Ave Ste 102

City State Zip Code
 Racine WI 53406-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : 76275C60-6195-421D-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gregory Kwasny

Mailing Address 17034 Chesterfield Estates Court

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Chesterfield | MO | 63005 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 03 | / | 2015 |

Transaction ID : 2E8FE041-E5C9-4B8B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ralph Lanciano Jr.

Mailing Address 7703 Maple Ave

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Pennsauken | NJ | 08109-3374 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 16 | / | 2015 |

Transaction ID : 9C6B2729-5F23-4F5A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Adrian Lavina

Mailing Address 3399 Pga Blvd Ste 350

| | | |
|--------------------|-------|------------|
| City | State | Zip Code |
| Palm Beach Gardens | FL | 33410-2831 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 30 | / | 2015 |

Transaction ID : 1CBFFC70-7229-4FAA-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Janice Law

Mailing Address 2311 Pierce Ave

City

Nashville

State

TN

Zip Code

37232-8808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : F301D67F-CD3C-4BBC-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Zane Lazer

Mailing Address 418 Grand Park Dr Ste 315

City

Parkersburg

State

WV

Zip Code

26105-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : 6A1ECCB8-191F-4914-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jacqueline Leavitt

Mailing Address 911 Paxton Rd SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : E26D191F-2117-4E0C-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Leah Levi

Mailing Address 10666 N. Torrey Pines Road MS214

City State Zip Code
 La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 653AF744-3D65-4393-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Levine

Mailing Address 19271 Montgomery Village Ave Ste H

City State Zip Code
 Montgomery Village MD 20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 31E73895-BB02-44FA-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Limstrom

Mailing Address 3500 Latouche St

City State Zip Code
 Anchorage AK 99508-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2015

Transaction ID : DA133E28-568B-441A-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Low

Mailing Address 38707 Stivers St

City State Zip Code
 Fremont CA 94536

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 4A250BA4-03E4-42A8-8

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. David Ludwick

Mailing Address 825 5th Ave Ste 102

City State Zip Code
 Chambersburg PA 17201-4214

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : EEA7E19C-CC4A-478E-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rajiv Luthra

Mailing Address 8235 Bradley Blvd

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : DD114D15-63B2-4187-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mathew Maccumber

Mailing Address 1116 West Oakdale

City State Zip Code
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : F1A04394-0551-4EC1-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Masud Malik

Mailing Address 3865 N Mulford Rd

City State Zip Code
 Rockford IL 61114-5603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : C9744716-E592-4B83-A

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

C. Masud Malik

Mailing Address 3865 N Mulford Rd

City State Zip Code
 Rockford IL 61114-5603

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : 518955AF-F644-4694-B

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeff Maltzman

Mailing Address 3565 E. Placita de la Raza

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2015

Transaction ID : ADC656AA-1309-40F9-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Mannis

Mailing Address 4860 Y St # 2400

City State Zip Code
Sacramento CA 95817-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2015

Transaction ID : 41651C7F-A3BE-43BE-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Peter Maris Jr.

Mailing Address 230 Hilton Ave, Ste 118

City State Zip Code
Hempstead NY 11550-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 63D8DE49-74FB-43CA-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jose Agustin Martinez

Mailing Address 801 W 38th St Ste 200

City
Austin

State
TX

Zip Code
78705-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2015

Transaction ID : B50A1294-F06D-4035-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Marvelli

Mailing Address 6273 Granbury Rd

City

Fort Worth

State

TX

Zip Code

76133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2015

Transaction ID : AD2E0F5B-62E9-44B6-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Louise Mawn

Mailing Address 921 Travelers Ct

City

Nashville

State

TN

Zip Code

37220-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 5CB7149A-FDBD-4A9E-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Mayle

Mailing Address 269 Hoffman Ave

City State Zip Code
Morgantown WV 26505

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : B269EC81-5631-4B9C-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Mazow

Mailing Address 7777 Forest Ln Ste C710

City State Zip Code
Dallas TX 75230-2571

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 4839A33C-A8E3-4A03-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas McPhee

Mailing Address 8320 E Aster Dr

City State Zip Code
Scottsdale AZ 85260-5236

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : DA2621A5-99D4-4BE4-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Mieler

Mailing Address 525 Hinman Ave Unit 2-South

City State Zip Code
 Evanston IL 60202-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 175BF369-A10F-4F28-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 120 Dudley St Ste 301

City State Zip Code
 Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 30 / 2015

Transaction ID : E2553609-4C22-4D2B-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City State Zip Code
 Shenandoah TX 77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.17

Date of Receipt

04 / 15 / 2015

Transaction ID : AF3B9633-973E-4711-B

Amount of Each Receipt this Period

4.17

SUBTOTAL of Receipts This Page (optional)..... ►

587.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City State Zip Code
 Shenandoah TX 77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.17

Date of Receipt

04 / 15 / 2015

Transaction ID : 1EC80858-FF87-4E64-9

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Eydie Miller

Mailing Address 51 North 39th St

City State Zip Code
 Philadelphia PA 19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 16F61885-438B-4102-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Carl Minning Jr.

Mailing Address 2935 Maple Ave

City State Zip Code
 Zanesville OH 43701-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 7A2B1D16-5BEB-4960-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dorothy Moore

Mailing Address 2055 Limestone Rd Ste 102

City

Wilmington

State

DE

Zip Code

19808-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 0FE35342-D21C-4137-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Susan Mosier

Mailing Address 435 Hutton Cir

City

Lawrence

State

KS

Zip Code

66049-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 4AE70646-6B85-4527-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mohit Nanda

Mailing Address 600 Peter Jeff Pkwy Ste 350

City

Charlottesville

State

VA

Zip Code

22911-8836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 2D25BE0F-920B-4551-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Nardin

Mailing Address 407 Uluniu St Ste 214

City State Zip Code
 Kailua HI 96734-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 551B7DF5-C2A2-47B2-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chad Nedrud

Mailing Address 1224 Hunter Ln

City State Zip Code
 Missoula MT 59803-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 18FD1837-FF07-441F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Chad Norton

Mailing Address 231 Windermere Blvd

City State Zip Code
 Alexandria LA 71303-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 14 / 2015

Transaction ID : 94003529-E107-4EDD-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Oetting

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 6811B855-AFC4-48B3-8

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mildred M. G. Olivier

Mailing Address 1555 Barrington Rd Ste 110

City

Hoffman Estates

State

IL

Zip Code

60169-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 1C5DA242-1B22-458D-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karl Olsen

Mailing Address PO Box 111433

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 852004E0-3DEC-479C-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Randall Olson

Mailing Address 65 N Mario Capecchi Dr

City State Zip Code
Salt Lake City UT 84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 35EB5E61-F70C-41DF-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Faruk Orge

Mailing Address 38105 McDowell Dr

City State Zip Code
Solon OH 44139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 6FD223DC-3ED7-423F-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Millicent Palmer

Mailing Address 3630 Burt St

City State Zip Code
Omaha NE 68131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 732F58F2-D30C-4BAD-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Pao

Mailing Address 1609 Woodbourne Rd Ste 303

City State Zip Code
 Levittown PA 19057-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 38EDFFBD-55E3-44EC-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Parke III

Mailing Address 2900 Thomas Ave S Apt 2218

City State Zip Code
 Minneapolis MN 55416-4153

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 24427F86-B0CC-4224-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Parke II

Mailing Address 655 Beach St

City State Zip Code
 San Francisco CA 94109-1342

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 20DD65C8-E343-4334-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Milan Patel

Mailing Address 970 Sanders Rd Ste 100

City State Zip Code
Cumming GA 30041-5979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : FD0F1BCE-2138-4A81-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Niraj Patel

Mailing Address 3602 South 19th Street

City State Zip Code
Tacoma WA 98405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : ECF87717-E197-48A0-A

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

C. Purnima Patel

Mailing Address 1445 Monroe Dr NE Apt C41

City State Zip Code
Atlanta GA 30324-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2015

Transaction ID : B07733C8-7342-4A22-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ron Pelton

Mailing Address 2770 N Union Blvd Ste 100

City State Zip Code
 Colorado Springs CO 80909-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 83A6D205-C581-4E7F-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Plager

Mailing Address 1160 W Michigan St

City State Zip Code
 Indianapolis IN 46202-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 64CD7890-66C0-4646-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Price

Mailing Address 578 Main St

City State Zip Code
 Malden MA 02148-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : D5A146A2-66AE-4F2F-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Prince

Mailing Address 178 E 71st St

City

New York

State

NY

Zip Code

10021-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : A03F2DD4-B517-4FBD-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Proctor

Mailing Address 675 W North Ave Ste 107

City

Melrose Park

State

IL

Zip Code

60160-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : 27C544FE-AA01-4EC9-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Arnold Prywes

Mailing Address 4212 Hempstead Turnpike

City

Bethpage

State

NY

Zip Code

11714-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 64396404-A849-44FE-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Paul Purdy

Mailing Address 3824 Vermilion Cliffs

City

Fort Wayne

State

IN

Zip Code

46814-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 9E832103-D670-459B-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Quayle

Mailing Address 2855 Gramercy St

City

Houston

State

TX

Zip Code

77025-1697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : D3B3C247-80E4-46FB-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Raizman

Mailing Address 49 Windsor Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : 27DA256C-5EBD-484B-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Ramsey

Mailing Address 85 E Concord St Fl 8

City
Boston

State
MA

Zip Code
02118-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 17 / 2015

Transaction ID : 82D3536A-2051-462B-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. P. Rao

Mailing Address 164 S. Maple Ave

City

Webster Groves

State

MO

Zip Code

63119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 15 / 2015

Transaction ID : EF6D775A-BC5E-43C3-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Peter Rapoza

Mailing Address 50 Staniford St Ste 600

City

Boston

State

MA

Zip Code

02114-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 288B0920-DAFB-4438-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rajiv Rathod

Mailing Address 25 Tall Hedge

City State Zip Code
 Irvine CA 92603-0176

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 8095FC41-EA4B-4C22-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lindsay Rhodes

Mailing Address 3206 Whitehall Road

City State Zip Code
 Birmingham AL 35209

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 5B899EA1-8F79-42E6-B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Brandt Riley

Mailing Address 2828 Sunrise Ct

City State Zip Code
 Mason City IA 50401-7350

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : A2EC7BD5-CFDC-4A22-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Rinkoff

Mailing Address 748 State St

City State Zip Code
Medford OR 97504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : 85F8054A-4F0A-4D5C-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Rivera

Mailing Address 45 Wells St Ste 2020

City State Zip Code
Westerly RI 02891-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : BFCA41D2-C1F2-41F7-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Denis Roarty

Mailing Address 22731 Newman St Ste 245

City State Zip Code
Dearborn MI 48124-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 53BD71BD-EBED-40E7-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Rocco

Mailing Address 400 Saybrook Rd Ste 100

City State Zip Code
Middletown CT 06457-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : EC28F9BD-DD8D-484D-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Brian Rose

Mailing Address 7571 S Willow Dr Ste 101

City State Zip Code
Tempe AZ 85283-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 4F85C2F8-3168-4162-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Steven Rubin

Mailing Address 600 Northern Blvd Ste 220

City State Zip Code
Great Neck NY 11021-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : D7E29220-4C10-475C-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Ruckman

Mailing Address 2 Medical Center Blvd

City Lufkin State TX Zip Code 75904-3175

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2015

Transaction ID : D37653E9-81E3-47C7-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. J. Avery Rush

Mailing Address 7308 Fleming Ave

City Amarillo State TX Zip Code 79106-1829

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 21 / 2015

Transaction ID : B0E54F8D-A5CA-42C2-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tina Rutar

Mailing Address 1408 East Barnett Road

City Medford State OR Zip Code 97504

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2015

Transaction ID : B7B1606B-13EE-4305-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Sandler

Mailing Address 4699 Main St Ste 106

City State Zip Code
 Bridgeport CT 06606-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : ED15842F-984A-4AEB-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Sanitato

Mailing Address 7333 Eastborne Rd

City State Zip Code
 Cincinnati OH 45255-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : D26D398C-2F55-4069-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Joel Schuman

Mailing Address 203 Lothrop St Ste 816

City State Zip Code
 Pittsburgh PA 15213-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 1C641D35-50D7-48F5-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Scott

Mailing Address 3700 Joseph Siewick Dr Ste 400

City State Zip Code
 Fairfax VA 22033-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : AE6ADFB4-E010-4633-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maria Cirone Scott

Mailing Address 2002 Medical Pkwy Ste 320

City State Zip Code
 Annapolis MD 21401-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : 680F6085-6131-4087-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Scott

Mailing Address 515 Sunset Rdg

City State Zip Code
 Dubuque IA 52003-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : 1E440C9F-2B1A-44BC-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 67 OF 87

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Scotti

Mailing Address 320 Santa Fe Dr Ste 104

City

Encinitas

State

CA

Zip Code

92024-5139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : B9D7C34A-5909-476A-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Leonard Seibold

Mailing Address 1675 Aurora Ct

City

Aurora

State

CO

Zip Code

80045-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : E373AF66-F8AD-46AE-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cynthia Self

Mailing Address 50 Meadowbrook Rd

City

Bangor

State

ME

Zip Code

04401-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 5D152036-1485-446C-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Veeral Sheth

Mailing Address 24 E 57th St

City State Zip Code
Hinsdale IL 60521-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : DA163D54-0D95-429E-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Alfred Sieck

Mailing Address 1025 Maine St

City State Zip Code
Quincy IL 62301-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 16C9C286-7D56-492A-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael Siegel

Mailing Address 29201 Telegraph Road
Suite 301

City State Zip Code
Southfield MI 48034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 62ECF15A-7EBA-4DD0-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Silbert

Mailing Address 2110 Harrisburg Pike

City
Lancaster

State
PA

Zip Code
17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 5F1DF1BF-35DD-4BD3-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chasidy Singleton

Mailing Address 2311 Pierce Ave

City
Nashville

State
TN

Zip Code
37232-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 6509C5ED-2A9F-41FE-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian Sippy

Mailing Address 700 W Kent Ave

City
Missoula

State
MT

Zip Code
59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 9A471975-E345-45CB-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lee Snyder

Mailing Address 23 Crossroads Dr Ste 310

City

Owings Mills

State

MD

Zip Code

21117-5478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 4FC3D613-885A-4D6B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Samuel Solish

Mailing Address 53 Sewall St

City

Portland

State

ME

Zip Code

04102-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 570E2F35-F3C5-4A01-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Robert Spurny

Mailing Address 3834 N Paseo Del Sol

City

Mesa

State

AZ

Zip Code

85207-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : A8B45ECC-4FEB-4471-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Steinemann

Mailing Address 17500 Shaker Blvd.

City State Zip Code
 Shaker Heights OH 44120

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : 67387D2C-B169-442D-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott Howard Strickler

Mailing Address 418 Grand Park Dr Ste 315

City State Zip Code
 Parkersburg WV 26105-4000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : 7BB9E76E-98FE-40F7-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Grace Sun

Mailing Address 200 Water St Apt 2215

City State Zip Code
 New York NY 10038-3641

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : E24B041C-DBC4-4991-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Sutphin

Mailing Address 7400 State Line Rd Ste 100

City State Zip Code
 Prairie Village KS 66208-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : BF4BA10F-0E23-4413-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Susan Szmyd

Mailing Address 9302 Towne Square Ave

City State Zip Code
 Cincinnati OH 45242-6943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : 050E697B-21C8-4BD9-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gary Tanner

Mailing Address 10 Jacobs Ln

City State Zip Code
 Newport News VA 23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : 6A5E3E17-B8FE-4026-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1406.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Tharp

Mailing Address 4233 Gateway Blvd

City

Newburgh

State

IN

Zip Code

47630-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 9DFD0650-B156-4A13-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Thomas

Mailing Address 6601 S. Minnesota Avenue Suite: 20

City

Sioux Falls

State

SD

Zip Code

57108-2564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 67CC507B-2930-453B-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Thompson

Mailing Address 6569 N Charles St Ste 605

City

Baltimore

State

MD

Zip Code

21204-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2015

Transaction ID : BD8FC907-CC7A-4A2B-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Thornquist

Mailing Address 2 Corporate Dr, Suite 112

City State Zip Code
Trumbull CT 06611-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 3F5F78A0-6A4F-45D4-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Carmine Tigani

Mailing Address 6845 Elm St Ste 250

City State Zip Code
Mc Lean VA 22101-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2015

Transaction ID : C36FB92F-F07A-4E76-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin Treacy

Mailing Address 645 Ridgewood Rd

City State Zip Code
Duluth MN 55804-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 6C75C5EE-AAA9-4A03-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gregory Trubowitsch

Mailing Address 741 Los Miradores Dr

City State Zip Code
 El Paso TX 79912-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015

Transaction ID : E69129D6-BBD6-4D2F-A

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Linda Tsai

Mailing Address 520 East Dr

City State Zip Code
 Saint Louis MO 63130-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : 4324460B-5639-4649-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Woodford Van Van Meter

Mailing Address 1760 Nicholasville Rd Ste 203

City State Zip Code
 Lexington KY 40503-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : 5D7B7AEA-A616-4D86-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Viti

Mailing Address 1870 Amherst St Ste 3B

City Winchester State VA Zip Code 22601-2848

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 835CC73A-2FDC-4ABB-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City Virginia Beach State VA Zip Code 23462-6541

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

04 / 15 / 2015

Transaction ID : 37CF26A6-A62A-4820-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City Virginia Beach State VA Zip Code 23462-6541

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

04 / 15 / 2015

Transaction ID : A0099EC5-5384-4143-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Walker

Mailing Address 7900 W Jefferson Blvd Ste 300

City State Zip Code
Fort Wayne IN 46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : 0745AD2C-7910-4090-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City State Zip Code
Seattle WA 98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 4BCD9608-AF71-42DE-A

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City State Zip Code
Seattle WA 98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : F7CCE57F-D3B6-4730-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

677.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City
Seattle

State
WA

Zip Code
98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 6CDB03F3-2B88-45B1-9

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Paul Weishaar

Mailing Address 530 N Lorraine Ave Ste 200

City
Wichita

State
KS

Zip Code
67214-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 14 / 2015

Transaction ID : 6F5171C2-2FF3-4BE6-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Craig Wells

Mailing Address 1750 112th Ave NE Ste D050

City
Bellevue

State
WA

Zip Code
98004-3752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 15 / 2015

Transaction ID : AF233595-C559-4F8F-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1427.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William White

Mailing Address 1004 Carondelet Dr Ste 405

City

Kansas City

State

MO

Zip Code

64114-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 03 / 2015

Transaction ID : D0C3FC3A-F99A-4AAE-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Craig Wilkerson

Mailing Address 3116 Saddle Dr Ste 3

City

Helena

State

MT

Zip Code

59601-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2015

Transaction ID : 5154ACE6-65C7-40E2-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. C. P. Wilkinson

Mailing Address 7707 Rider hill Rd

City

Baltimore

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2015

Transaction ID : 42513570-65AF-42D5-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Pamela Williams

Mailing Address 438 Pecan Meadow Dr

City State Zip Code
Baton Rouge LA 70810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 2DA350C1-E843-4CFD-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrienne Young

Mailing Address 635 Foster Dr

City State Zip Code
Des Moines IA 50312-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 2A4CC838-1942-4EAE-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles Zacks

Mailing Address 68 Mill Rd

City State Zip Code
Cumberland ME 04021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : EF84435B-FD80-4242-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Daniel Zheutlin

Mailing Address 2505 E Paris Ave SE Ste 100

City State Zip Code
 Grand Rapids MI 49546-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : 1E8A7ED8-5848-4326-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Zilis

Mailing Address 3535 S Franklin St

City State Zip Code
 Englewood CO 80113-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : A933C537-D2F9-491E-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

108420.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94163 |

Purpose of Disbursement
Bank charges - Apr 2015

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 30 | | 2015 |

Transaction ID : 23E95A53B97D5B48521

Amount of Each Disbursement this Period

| |
|-------|
| 72.27 |
|-------|

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|-------|
| 72.27 |
|-------|

| |
|-------|
| 72.27 |
|-------|

| | | | | | | | | | | | |
|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. America Works PAC

Date of Disbursement



Transaction ID : 23AEF0A50FFD3D83D45

011

Amount of Each Disbursement this Period

2500.00

Category/
Type

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Contribution

B. Bilirakis for Congress

Date of Disbursement

04 / 29 / 2015

Transaction ID : E6C84EEB33B11C58E67

011

Amount of Each Disbursement this Period

2000.00

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

C. Bill Flores for Congress

Date of Disbursement

M M / D D / Y Y Y Y
04 29 2015

Transaction ID : 0E999722E8721F1DA21

011

Amount of Each Disbursement this Period

2500.00

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2015 |

Mailing Address 120 Maryland Ave NE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement
2015 Contribution

011

Transaction ID : EAC91D4C76B16D758D6

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ |
| Contribution |

State: District:

Full Name (Last, First, Middle Initial)

B. French Hill for Arkansas

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 20 | | 2015 |

Mailing Address PO Box 7841

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Little Rock | AR | 72217 |

Purpose of Disbursement
2016 Primary

011

Transaction ID : A21CF26A4DF2978108E

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Name

J. French Hill

Category/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: AR District: 02

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2015 |

Mailing Address PO Box 2485

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Springfield | VA | 22152 |

Purpose of Disbursement
2015 Contribution

011

Transaction ID : 4F684E3087A7733563A

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Healthcare Freedom Fund

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ |
| Contribution |

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bethesda | MD | 20824-0844 |

Purpose of Disbursement
2015 Contribution

Candidate Name

Lone Star Leadership PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2015 |

Transaction ID : 7964C0957C7EA9E738A

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Maloney for Congress

Mailing Address 49 East 92nd St

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10128 |

Purpose of Disbursement
2016 Primary

Candidate Name

Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 06 | | 2015 |

Transaction ID : 44DFC90379C8B2F627C

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Brentwood | TN | 37024-3750 |

Purpose of Disbursement
2016 Primary

Candidate Name

Marsha Wedgeworth BlackburnOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2015 |

Transaction ID : F49D83932B83F6EB007

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 9500.00 |
|---------|

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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 87

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2nd Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2015 Contribution

011

Candidate Name

NRSC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 29 | / | 2015 |

Transaction ID : BA1479655678125A755

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City
MediaState
PAZip Code
19063-3531Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick L. Meehan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 06 | / | 2015 |

Transaction ID : A94DAB1186AAAA894A6

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2015 Contribution

011

Candidate Name

Tenn Political Action Committee Inc (TENN PAC)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 29 | / | 2015 |

Transaction ID : 2A054876A8626D46A2C

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 17000.00 |
|----------|

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|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

-1000.00

1000.00

54500.00